THE PULSE

NEWS OF THE NEW ENGLAND DEACONESS HOSPITAL

VOLUME VI, NUMBER 6 JULY, 1952

TRIBUTE TO PONDVILLE

Pondville Hospital was founded twenty-five years ago this June and dedicated to the care and treatment of the cancer patient and cancer research.

Many of Massachusetts' leading cancer experts are on the staff of this state institution and a number of the Deaconess staff are consultants there.

Dr. Ernest Daland is Chief of Staff. Dr. Grantly W. Taylor, Dr. Joe V. Meigs, Dr. Langdon Parsons, Dr. Roger Graves, and Dr. Weston Buddington spend a portion of their time at Pondville. Dr. Shields Warren, Dr. Samuel P. Hicks, and Dr. Sheldon Sommers consult there in Pathology and Russell Cowing, Charles Spalding, and Howard Blinn oversee the radiation program.

Pondville should be proud of its twenty-five year record.

KUDOS

Dr. Shields Warren was awarded at the Commencement exercises at Western Reserve University, Cleveland, Ohio, on June 11, 1952, the honorary degree of Doctor of Science. The citation noted that he "has shown rare tact and vision and an unselfish spirit of service to his country."

2-MILLION VOLT X-RAY MACHINE

Last month you saw a picture of the 2-million volt X-ray machine which we hope to purchase. Here is a true story which tells what this purchase would mean to our patients:

"If the charming woman about whom I tell you should walk into your office or living room today, you would never know that she is very ill. She would be smartly dressed, converse cheerfully and be interested in everything around her.

"But four years ago this woman — the wife of one of Boston's community leaders and the mother of three young children — learned that she had an incurable cancer. After the first few months of shock her one desire was to stay well enough to see her children through their critical early years and to keep a serene and happy home for her family during the period when her husband and children would most need her. Happily she has been able to do this.

"With the use of regularly scheduled X-ray therapy treatment, coupled with her own amazing will power, she has kept well and useful for the past four years, accomplishing what she set about to do guiding her children through their formative early years.

"There is both hope and heartbreak in this story and it so clearly shows the importance of X-ray therapy by which people attacked by cancer can be kept alive, made comfortable and useful and often cured completely.

"Now at the Deaconess, which has long been concerned with cancer problems and the care of the cancer patient, we hope to add to our equipment a newly developed 2-million volt X-ray therapy machine. It will give the best radiation treatment available today for the cancer patient. This machine is a rotary type built to attack the cancer growth from all sides; its rays penetrate much deeper and more quickly than machines of the conventional type without harming healthy intervening tissue. There are only six machines of this particular type in the hospitals of America and its installation will be not only of infinite value to our own patients but to people sent here by their doctors from all over the world.

"This X-ray machine is expensive. It costs $125,000 and to house it will require another $75,000 — $200,000 in all. Through generous contributions we have so far raised $50,000. But we still must find $150,000."

DR. SHIELDS WARREN CHATS WITH THE HONORABLE SUMNER T. PIKE, NEW CORPORATION MEMBER

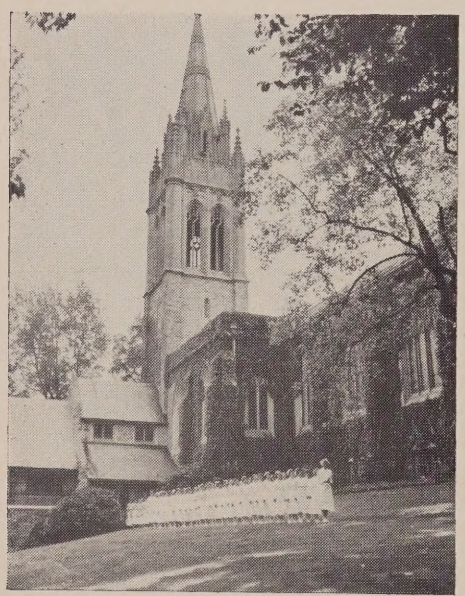
ANNUAL REPORT — 1951

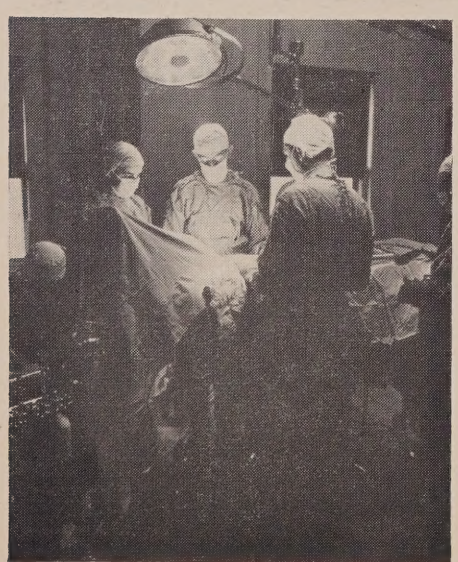
The report of the New England Deaconess Hospital for 1951 is just off the press. This annual report to the Board of Trustees, the members of the Corporation, and the public, attempts to present a comprehensive picture of the activities of the New England Deaconess Hospital during the year 1951.

In it are listed the Officers of the Hospital, the Board of Trustees, Members of the Corporation, the Medical Staff, and the Endowment Funds. There are reports by Dr. Warren F. Cook, Executive Director; Dr. Richard B. Cattell, Surgeon-in-Chief in 1951; Dr. Howard F. Root, Physician-in-Chief in 1951; Dr. Shields Warren, Pathologist-in-Chief and Director of the Cancer Research Institute; Dr. Joseph H. Marks, Radiologist-in-Chief; Mrs. Sheldon E. Wardwell, President of the Friends of the Deaconess; and Mr. Francis W. Capper, Treasurer.

Copies are available at the Public Relations Office on Deaconess I.

REPORT





The New England Deaconess Hospital, although a general hospital, is widely known for the special work done here in diabetes, in brain, cancer, chest and thyroid surgery, and in cancer research and treatment

Proud as we are of the skills and reputations of our staff of specialists, we want to emphasize the fact that the New England Deaconess has remained a general hospital . . . in fact, a better general hospital because of the standards set by its specialties.

Progress of Building Program

A hospital building program requires long and arduous periods of deliberation, fund raising, and planning — and often years pass before it can become an actuality. It is hard to imagine while one is in the midst of such long-range plans that blueprints eventually take their form in terms of steel and concrete, and once what seemed but a dream becomes reality. This reality is now taking shape, and we now have reason to expect that the building will be ready for occupancy by the end of 1952.

Staff Reorganization

Contemplating the new building, with the centralization of all services, the staff undertook the reorganization of the Palmer, General, Lahey Clinic, and George F. Baker Staffs into one main staff. It was a big job, requiring a number of long meetings. The task has been accomplished and our staff now appears as one group. This was a fine job, well done.

Recently the Deaconess was approved by Harvard and Tufts Medical Schools as a Teaching Hospital, and our Nursing School has again received formal approval by the National Nursing Accrediting Service.

Two-Million Volt X-ray Machine

We hope soon to purchase a two-million volt x-ray machine for cancer treatment and research. This machine is a rotary type which attacks cancer growth uniformly from all sides and penetrates much deeper and more quickly than the conventional machines, with less liability of destroying the healthy intervening tissue. This will be a notable addition in equipment, but its cost is high, and we do not yet have the money.

Hospital Stay and Cost

The trend to a shorter stay in the hospital continues. While our total hospital days were a little less in 1951 than in 1950, the number of patients cared for shows substantial increase. Changing patients often is bound to reduce the total patient days, and as time is lost on each change, departmental costs will increase. This is why daily rates go up, but with the shortened stay, the total hospital bill does not go up. With today's shorter stay and the shorter period of convalescence, which gets a man back on the job sooner, hospitalization is not more expensive than it was thirty years ago when the stay and the period of convalescence was fifty to sixty days. I wish I had time to labor this point. I think it is widely misunderstood and should be developed to refute the common cry of high hospital costs. The daily cost is high in comparison with thirty years ago, but the overall cost is not, if you take into consideration all legitimate factors.

Departmental Reports

Now for the record, let us look briefly at some departmental work: PERSONNEL: Our number of long-term employees shows stability; there are now nearly 150 employees who have served between five and thirty-nine years. Their combined years of service amounts to an impressive total stretching back almost to the first Christian century.

Wage and salary scales have been revised to increase the annual merit increments and expand the minimum ranges. We have introduced Social Security and the Executive Committee is now carefully considering a pension plan.

During the year the ENGINEERING AND MAINTENANCE DEPARTMENT has handled a number of heavy repair and installation jobs at considerable saving to the hospital:

1. Roofs of all buildings have been put in first-class condition and all masonry and brickwork pointed.
2. All of Harris Hall, part of Deaconess and Baker and the exteriors of two dormitories have been painted.
3. The electrical equipment in all buildings is being standardized.
4. The foundations of the laundry building and trenches around its machines were repaired — a big job done at great money saving and without interruption of laundry service.
5. Additional sprinklers were added and electrical outlets were remounted in all surgeries

The City has improved our property by paving both Autumn Street and Deaconess Road.

The LAUNDRY continues its tremendous volume of output — during the year 2,671,000 pieces were laundered and

ON 1951

36,000 pieces were manufactured or repaired.

In 1951 the DIETARY DEPARTMENT served over three-quarters of a million meals, 272,000 to patients and 382,000 to employees at cost. Thirty-eight per cent of the patient meals were special diets. Our cost cafeteria was used 33 per cent more this year than last.

Food costs continued mounting throughout the year, but we have attempted to control this by being more vigilant in buying, using standardized recipes and portions and constantly supervising food preparation.

The PHARMACY DEPARTMENT has increased its output and net surplus for the tenth consecutive year. Gross business, which started with a $100 gift to Dr. Joslin twenty-four years ago, is now near $300,000 annually. In the past ten-year period the change in drug medication requirements has been revolutionary. The new antibiotics — penicillin, streptomycin, aureomycin and others, have played a large part in shortening the term of the patient stay in the hospital.

The fact that social and emotional problems can retard recovery of many patients makes the function of the SOCIAL SERVICE DEPARTMENT of great value to the hospital and especially to the medical and nursing staffs. Teaching the social aspects of illness to the student nurses has continued as part of the social service program. During the year this department advised and helped 1,350 patients, cooperating with 265 outside agencies in this work.

We are sincerely grateful for the fine work of our Volunteers directed by the VOLUNTEER DEPARTMENT and the splendid work of the Friends of the Deaconess. We could not operate without their devoted help. The volunteers, Gray Ladies, and Nurses Aides give us fine assistance in the Blood Bank, Library, Record Rooms, Out-Patient Clinic, and with the mail and information desks and with book carts. Now as war and its activities are depleting our nursing forces and other departmental personnel, we can use and must enlist a much larger force of this type of help.

In December we received our SCHOOL OF NURSING accreditation for 1952. It was gratifying to know, in spite of the many problems with which we were struggling, the authorities felt we were still making progress and granted us continued accreditation.

The student enrollment is 207. We find that more and more students are asking for scholarship aid and we would like as often as possible to limit this to second-year students, which gives us the opportunity to watch their progress. However, there are already several applicants who have asked for considerable aid for first year tuition in next September's class. We count on the Friends of the Deaconess for help here. As I write this, I think of many individuals whose loyalty, work and friendship make it possible for us to admit to the school students whom we would otherwise have to refuse. This carried over in a very real manner to care of the patients.

During the year 1951 we have been acutely aware of the problems facing us in NURSING SERVICE and we will continue to have to face even more severe ones as time goes on. As the year progressed these problems grew more and more serious. The reasons are twofold — the increasing number of opportunities for graduate nurses and our patients continuing to have a much shorter hospital stay. This rapid turnover presents us with the problem of acutely ill patients during most of their hospitalization, thereby demanding more nursing service. Both our medicine and surgery are so specialized and of so serious a nature that very detailed nursing care is essential for patients. It is well to point out here that Deaconess is not alone in this nursing shortage.

As we face 1952 we are even more aware of the wastage of nursing time. To enlarge the school is not enough. There must be a revamping of our entire nursing service system and changes made that are more drastic than those we are presently making to insure that nurses are left free for nursing service duties only.

Our hospital's story was presented to the public by the PUBLIC RELATIONS DEPARTMENT in 1951 in various ways: by television, radio, through photographs and news stories which gained local and national attention, and through articles in professional, church, and popular magazines.

Our most complete national press coverage came from a very simple story about a little beagle dog who came to the Deaconess, after being referred by the Angell Memorial, for radio-active iodine for his cancer of the thyroid. This story and accompanying picture was used by such papers as the *San Francisco*

Chronicle, New York Times, Herald Tribune, Sun and New York Daily News and Philadelphia Bulletin.

During the year a comprehensive, long-range direct mail program was begun. Old lists were brought up to date and several thousand new names added and seven mailings describing our activities went to over 10,000 carefully selected persons on these new lists. It is our purpose with these mailings to keep the public informed about how their money is being used and for what it is being used. Six out of seven of our mailings are informative rather than fund raisers.

As the Deaconess public relations program continues to develop, it becomes increasingly apparent that to be fully effective it must serve two audiences — the hospital's patients and their friends and families as well as the public at large.

Patient Reactions

Patients' reactions to our service are interesting. From time to time we send out a test questionnaire asking pertinent questions about our service — such as, has the nursing care been satisfactory, has the service of other hospital personnel been quiet and efficient, has your room been given proper attention, has the food been good and attractively served, and have visitors been courteously received. In the last test we had over 900 responses to our queries, of which 850 were completely complimentary. The remaining 50 replies had, for the most part, constructive suggestions concerning food, coffee, and visiting hours. One per cent didn't like us at all, but each of these replies were followed by investigation and personal letters with the hope of correcting faults and impressions. In one case where we had a severe criticism, we got a contribution. In general, people remarked about the spirit of kindliness and home-likeness in the hospital's atmosphere, which of course, we work hard to preserve. We must never cease our endeavor to keep this spirit alive and active —it is the heart of the hospital and so easy to lose as we grow larger. We must not become a meticulous machine.

In closing I want to give my personal thanks to all who have cooperated so faithfully in the work of the hospital during the year. The Deaconess Hospital is a great hospital — one of the great hospitals of America. The work done here is not surpassed in any hospital in the country and much of it is not duplicated. You should be proud of its accomplishments and glad, as I am, to be associated with its work.

Warren F. Cook,
Executive Director

WHILE YOU'RE IN BOSTON

The Admitting Office is now distributing a newly prepared twelve-page "guide" booklet to patients and their families who come from outside of the Boston area. This book gives brief information about Boston hotels, restaurants, museums, transportation, amusements, and historical places of interest.

If you should like a copy for your own interest, come to the Public Relations Office.

CHECK CASHING TIME

On pay days, the 5th and 20th of each month, announcements will be called over the loud speaker system when the check-cashing tables in the Cafeteria are set up and ready for business. Do not go to cash your check before you hear the announcement. This will save you and the hospital valuable time.

CONSTRUCTION NEWS

One of the many up-to-date features in our new hospital building will be the piping system for oxygen and nitrous oxide which will practically eliminate the need of moving tanks of these gases through the hospital, thereby reducing costs and greatly decreasing the chances of accidents to patients and personnel.

The supply center for the system is to be located in the basement of the new building. A separate room is to be allocated for each of the two gases. A manifold connecting two banks of cylinders of each gas is to be set up so that when one bank of cylinders is nearly empty the reserve cylinders are automatically turned on. At the same time a signal light and buzzer, one set for each kind of gas, will be actuated in the Telephone Switchboard Room in order that action may be taken to replace the exhausted cylinders.

Outlets for oxygen are to be installed in all patients' rooms in both the new building and Deaconess, and in the Recovery Room on the fourth floor of the new building. In the new building the two Cystoscopy Rooms on the second floor, the Plaster Room on the fourth and fifth floors are to have outlets in the ceilings for both oxygen and nitrous oxide so arranged that hoses will lead from these outlets to which the anesthesia machines may be attached.

The entire system is to be equipped according to the most recently approved standards including quick-coupling outlets so designed that it will be impossible to connect oxygen equipment to nitrous oxide outlets and vice versa.

L. J. PHILLIPS,
Clerk of the Works

THE PULSE

JULY, 1952

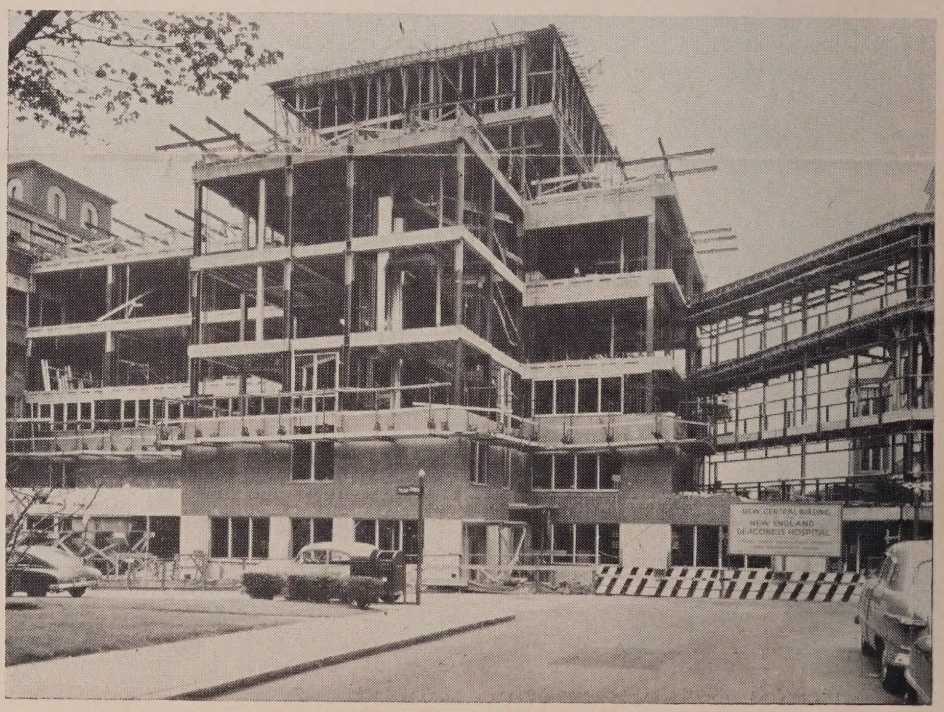
NEW ENGLAND DEACONESS HOSPITAL
Boston 15, Massachusetts

Supervised by the Personnel and Public Relations Departments

COFFEE HOUR

I find that some employees are using the coffee hour in the morning as breakfast time. This is not the purpose of the coffee hour, and breakfast foods will not be served between 9:30 and 10:15 A.M.

Warren F. Cook,
Executive Director



NEW CENTRAL BUILDING ON JUNE 6, 1952